U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 7367 | 2. Fiscal Year Covered From: | | |
|---|--|--|--|
| , , | 1/1/2004 Through: 1/2/31/2004 | | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | |
| Name ROBERT BROWN | Name ROCHESTER LABORENS LOCAL 435 | | |
| | Labor Organization File Number C27-48 | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | | |
| Street 22 DAWNHAVEN DR. | Street 20 FOURTH ST. | | |
| City ROCHESTES | City ROCHESTER | | |
| State NEW YORK ZIP Code + 4 14624 | State NEW YORK ZIP Code + 4 14609 | | |
| 5. Position in labor organization. | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. | | |
| Street | 7.b. Amount. | | |
| City State ZIP Code + 4 | | | |
| | | | |
| Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | |
| Signed & Lout Braun | On 8/13/05 | | |
| | Date Telephone Number | | |

| Name of Person Filing ROBERT BROWN | File Number U- | | | |
|--|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | |
| 8. Name and address of Business (including trade name, if any). Name ROCHESTER LABORERS TRAINING & APPRENTICE FND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 20 FOURTH ST City ROCHESTER State New York ZIP Code + 4 14609 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | LABORERS TRAINING & APPRENTICE FUND PROMOTES THE CONSTRUCTION INDUSTRY, IMPROVES JOB OPPURTUNITIES, LABOR-MANAGEMENT RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC REGARDING THE CONSTRUCTION TRADE. | | | |
| Street | | | | |
| | 11.b. Approximate dollar value of such dealing. | | | |
| State ZIP Code + 4 | 12.a. Nature of interest held or income received. 1/16-1/24/2004 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO TRI-FUND CONFERENCE ORLANDO FLORIDA. | | | |
| - | 12.b. Amount. \$3,525 | | | |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | er parts A and B above) or other thing of value. | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | | |
| | The control of the co | | | |
| Name | The state of the s | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | The control of the co | | | |
| Street | | | | |
| City | | | | |
| State ZIP Code ÷ 4 | | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | | |

| 1 | | | |
|------|------------------|--------|-------|
| Name | of Person Filing | ROBERT | BROWN |

File Number U-

Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|---|---|--|
| Name ROCHESTER LABORERS EMPLOYERS COOPERATIVE TRS | a. Labor Organization | |
| Trade Name, if any: | a. Labor Organization | |
| P.O. Box, Bldg., Room No., if any | b. Trust | |
| Street 20 FOURTH ST | c. Employer | |
| | ************************************** | |
| City ROCHESTER | | |
| State New York ZIP Code + 4 14609 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | ROCHESTER EMPLOYERS COOPERATIVE ED | |
| Trade Name, if any: | PROVIDES EDUCATION AND TRAINING ON CONSTRUCTION RELATED TOPICS TO MEMBERS OF LABORERS' LOCAL 435. | |
| | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| | | |
| City | | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | |
| | 12.a. Nature of interest held or income received. | wheterer are account to a subtract to the Higherman way. |
| | 2/9-2/10/2004 | |
| | REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO NYS ROAD IMPROVEMENT CONFERENCE IN | |
| | ALBANY NEW YORK. | |
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| | | - or order to the second secon |
| | | 1997 - Markaton et d'Africa a control d'Archaeon de Balleton my complèment papara papara par l'archae |
| | 12.b. Amount. | \$648 |

| Name of Person Filing | ROBERT BROWN | File Number U- | |
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| | O Dusiness deals with | |
|---|---|--|
| Name and address of Business (including trade name, if any). | 9. Business deals with: | |
| Name ROCHESTER LABORERS TRAINING & APPRENTICE FND | a. Labor Organization | |
| Trade Name, if any: | constant in the second | |
| P.O. Box, Bldg., Room No., if any | b. Trust | |
| Street 20 FOURTH ST | c. Employer | |
| City ROCHESTER | | |
| State New York ZIP Code + 4 14609 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | LABORERS TRAINING & APPRENTICE FUI CONSTRUCTION INDUSTRY, IMPROVES JO | OB OPPURTUNITIES, |
| Trade Name, if any: | LABOR-MANAGEMENT RELATIONS, AND THE PUBLIC REGARDING THE CONSTRUCT | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City City | | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | |
| | 12.a. Nature of interest held or income received. | |
| | 3/5/04 | |
| | REIMBURSEMENT OF EXPENSES AND PROV FOR TRAVEL TO NYS QUARTERLY APPREN NIAGRA FALLS, NY. | |
| | | |
| | | |
| | | The state of the s |
| | 12.b. Amount. | \$266 |

| Name of Person Filing ROBERT B | BROWN | File Number U- |
|--------------------------------|-------|----------------|
|--------------------------------|-------|----------------|

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|--|------------------------------|---|--|
| 8. Name and address of Business (in | cluding trade name, if any). | 9. Business deals with: | |
| Name ROCHESTER LABORERS I | TRAINING & APPRENTICE FND | a. Labor Organization | |
| Trade Name, if any: | | E7 | |
| P.O. Box, Bldg., Room No., if any | | b. Trust | |
| Street 20 FOURTH ST | | c. Employer | |
| City ROCHESTER | | | |
| State New York | ZIP Code + 4 14609 | | |
| 10. If 9.b. or 9.c. is checked give trust or | employer's name. | 11.a. Nature of such dealing. | |
| Name | | LABORERS TRAINING & APPRENTICE FUN CONSTRUCTION INDUSTRY, IMPROVES JO | B OPPURTUNITIES, |
| Trade Name, if any: | | LABOR-MANAGEMENT RELATIONS, AND THE THE PUBLIC REGARDING THE CONSTRUCT | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | | | |
| City | | | |
| State | ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER |
| | | 12.a. Nature of interest held or income received. | en 17 a de constante algulitação de proposação por compressão de constante a constante de constante de policido de constante de constan |
| | | 3/17/04 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM | |
| | | FOR TRAVEL TO NYS QUARTERLY APPREN NIAGRA FALLS, UPSTATE NY LABORERS SYRACUSE NY. | |
| | • | | |
| | | | |
| | | | |
| | | 12.b. Amount. | \$265 |

| Name of Person Filing ROBERT BROWN | File Number U- |
|------------------------------------|----------------|
| | 1 |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|---|---|--|
| Name ROCHESTER LABORERS TRAINING & APPRENTICE FND | a. Labor Organization | |
| Trade Name, if any: | a cass. significant | |
| P.O. Box, Bldg., Room No., if any | b. Trust | |
| Street 20 FOURTH ST | c. Employer | |
| City ROCHESTER | | |
| State New York ZIP Code + 4 14609 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | LABORERS TRAINING & APPRENTICE FUN CONSTRUCTION INDUSTRY, IMPROVES JO | |
| Trade Name, if any: | LABOR-MANAGEMENT RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC REGARDING THE CONSTRUCTION TRADE. | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City | | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | |
| | 12.a. Nature of interest held or income received. | |
| ! | 7/20-7/22/04 | Comment of the control of the contro |
| 1 | REIMBURSEMENT OF EXPENSES AND PROV | |
| ı | FOR TRAVEL TO NEW ENGLAND REGIONAL UNCASVILLE, CT. | CONFERENCE, |
| · | UNCASVIBLE, CT. | |
| • | | |
| | | |
| | | |
| ! | 12.b. Amount. | \$1,543 |



| Name of Person Filing ROBERT BROWN | File Number U- |
|------------------------------------|----------------|
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| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|---|--|--|
| Name ROCHESTER LABORERS TRAINING & APPRENTICE FND | a. Labor Organization | |
| Trade Name, if any: | b. Trust | |
| P.O. Box, Bldg., Room No., if any | Lacend | |
| Street 20 FOURTH ST | c. Employer | |
| City ROCHESTER | | |
| State New York ZIP Code + 4 14609 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | LABORERS TRAINING & APPRENTICE FUN CONSTRUCTION INDUSTRY, IMPROVES JO LABOR-MANAGEMENT RELATIONS, AND TH | B OPPURTUNITIES, |
| Trade Name, if any: | THE PUBLIC REGARDING THE CONSTRUCT | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City | | ada ka ka kika ja |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | The state of the s |
| | 12.a. Nature of interest held or income received. | |
| | 12/6/2004 REIMBURSEMENT OF EXPENSES AND PROV FOR TRAVEL TO UPSTATE NEW YORK TRA IN SYRACUSE, NY. | · · · · · · · · · · · · · · · · · · · |
| | IN SIRACUSE, NI. | |
| | 12.b. Amount. | \$265 |

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|-----------------------------|---------|----------------|---|
| Name of Person Filing ROBER | T BROWN | File Number U- | |
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| - to the state of | | · · · · · · · · · · · · · · · · · · · |
|---|--|---------------------------------------|
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
| Name ROCHESTER LABORERS' WELFARE FUND Trade Name, if any: | a. Labor Organization | |
| P.O. Box, Bldg., Room No., if any | b. Trust | |
| Street 18 FOURTH ST | c. Employer | |
| City ROCHESTER | | |
| State New York ZIP Code + 4 14609 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | ROCHESTER LABORERS' WELFARE FUND I | |
| Trade Name, if any: | UNEMPLOYMENT BENEFITS. | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City | | I |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | |
| - | 12.a. Nature of interest held or income received. 4/04 REIMBURSEMENT OF EXPENSES AND PROV FOR TRAVEL TO SEGAL ADVISORS CONFE | |
| | 12 h Amount | 64 766 |

| Name of Decree | Eilina. | | |
|----------------|---------|--------|-------|
| Name of Person | t misc | ROBERT | BROWN |

File Number U-

Part B Continuation Page

| Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|---|---|------------------|
| Name ROCHESTER LABORERS' WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 18 FOURTH ST City ROCHESTER State New York ZIP Code + 4 14609 | a. Labor Organization b. Trust c. Employer | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | ROCHESTER LABORERS' WELFARE FUND E ANNUITY, PENSION, WELFARE AND SUPE UNEMPLOYMENT BENEFITS. 11.b. Approximate dollar value of such dealing. | PROVIDES MEMBERS |
| | 12.a. Nature of interest held or income received. 5/04 REIMBURSEMENT OF EXPENSES FOR TRAV ALLIANCE CONFERENCE, ORLANDO, FL. | |
| | 12.b. Amount. | \$1,595 |

| Name of Parson Filing | File Number U- |
|------------------------------------|----------------|
| Name of Person Filing ROBERT BROWN | |

| | O Designation of the second of |
|---|--|
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: |
| Name ROCHESTER LABORERS' WELFARE FUND | , |
| Trade Name, if any: | a. Labor Organization |
| P.O. Box, Bldg., Room No., if any | b. Trust |
| Street 18 FOURTH ST | c. Employer |
| City ROCHESTER | |
| State New York ZIP Code + 4 14609 | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name | ROCHESTER LABORERS' WELFARE FUND PROVIDES MEMBERS ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL |
| Trade Name, if any: | UNEMPLOYMENT BENEFITS. |
| | |
| P.O. Box, Bldg., Room No., if any | |
| Street | |
| City | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. |
| | 12.a. Nature of interest held or income received. |
| ı | 7/04 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM |
| | FOR TRAVEL TO ROCHESTER LABORERS CONFERENCE IN NIAGRA FALLS, NY |
| | |
| · · | |
| | |
| 1 | 12 h Amount 61 720 |
| , | 12.b. Amount. # \$1,780 |

| Name of Person Filing ROBERT BROWN | File Number U- |
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| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|--|--|---------|
| Name ROCHESTER LABORERS' WELFARE FUND | | |
| Trade Name, if any: | a. Labor Organization | |
| because any consist of the constant of the con | b. Trust | |
| P.O. Box, Bldg., Room No., if any | Same Action of the Control of the Co | |
| Street 18 FOURTH ST | c. Employer | |
| City ROCHESTER | | |
| State New York ZIP Code + 4 14609 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | ROCHESTER LABORERS' WELFARE FUND I | |
| Trade Name, if any: | UNEMPLOYMENT BENEFITS. | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City | | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | |
| | 12.a. Nature of interest held or income received. | |
| | 9/04 | |
| | REIMBURSEMENT OF EXPENSES AND PROVIDENT TRAVEL TO AMERICAN ALLIANCE CO | |
| | VEGAS, NV. | |
| • | | |
| | | |
| | | |
| | | |
| | 12.b. Amount. | \$5,433 |
| | 1 | 77/303 |

| Name of Person Filing ROBERT BROWN | File Number U- |
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| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|--|--|--|
| Name ROCHESTER LABORERS' WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 18 FOURTH ST City ROCHESTER State New York ZIP Code + 4 14609 | a. Labor Organization b. Trust c. Employer | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | 7.5544.5 |
| Name | ROCHESTER LABORERS' WELFARE FUND PANNUITY, PENSION, WELFARE AND SUPP | |
| Trade Name, if any: | UNEMPLOYMENT BENEFITS. | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | 200 |
| City (International International Internatio | | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | |
| | 12.a. Nature of interest held or income received. | A 10 (10 (10 (10 (10 (10 (10 (10 (10 (10 |
| | REIMBURSEMENT OF EXPENSES AND PROVI FOR TRAVEL TO NCCMP CONFERENCE IN (| |
| | 12.b. Amount. | \$5,512 |

| Name of Person Filing ROBERT BROWN | File Number U- |
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| 1 NOBELL DAGIN | |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|---|---|--|
| Name BLITMAN & KING | a. Labor Organization | |
| Trade Name, if any: | a. Labor Organization | |
| P.O. Box, Bldg., Room No., if any | 🔀 b. Trust | |
| Annual management of the state | c. Employer | |
| Street 443 N FRANKLIN ST | J o. Employer | |
| City SYRACUSE | | |
| State New York ZIP Code + 4 13204 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name ROCHESTER LABORER'S WELFARE FUND | BLITMAN & KING PROVIDES LAW SERVIC LABORERS AND THE VARIOUS TRUSTS | ES TO ROCHESTER |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street 18 FOURTH ST | | |
| City ROCHESTER: | | |
| State New York ZIP Code + 4 14609 | 11.b. Approximate dollar value of such dealing. | |
| | 12.a. Nature of interest held or income received. | |
| | 7/27/04 | |
| | PROVISION OF DINNER FOR FILER AND THE SEGAL COMPANY. | SPOUSE JOINT WITH |
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| | | The state of the s |
| | | |
| | 12.b. Amount. | \$75 |

| Name of Person Filing ROBERT BROWN | File Number U- |
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| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|---|--|--|
| Name MANNING & NAPIER ADVISORS | a. Labor Organization | |
| Trade Name, if any: | a Landi Organization | |
| P.O. Box, Bldg., Room No., if any | b. Trust | |
| Street 290 WOODCLIFF DR | c. Employer | |
| City FAIRPORT | | |
| State New York ZIP Code + 4 14450 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | en Maria en Mariado e maria magazagama anterioria habita deste ha della e e della e e e e e e e e e e e e e e |
| Name ROCHESTER LABORERS' WELFARE FUND | MANNING & NAPIER ADVISORS PROVIDES SERVICES FOR ROCHESTER LABORERS WI | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | V minternitations |
| Street 18 FOURTH ST | | |
| City ROCHESTER | | |
| State New York ZIP Code + 4 14609 | 11.b. Approximate dollar value of such dealing. | |
| | 12.a. Nature of interest held or income received. | |
| | 7/26/04 | Virtualis for account of the control |
| | PROVISION OF DINNER FOR FILER AND S | SPOUSE. |
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| · · · · · · · · · · · · · · · · · · · | 12.b. Amount. | \$150 |

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| Name of Person Filing ROBERT BROWN | I File Number U- |
| a noblita znom | |
| L | |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|---|---|--|
| Name THE SEGAL COMPANY | a. Labor Organization | |
| Trade Name, if any: | a. Labor Organization | |
| P.O. Box, Bldg., Room No., if any | D. Trust | |
| Street ONE PARK AVE | c. Employer | |
| City NEW YORK | | |
| State New York ZIP Code + 4 10016 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name ROCHESTER LABORERS' WELFARE FUND | THE SEGAL COMPANY PROVIDES ACTUAR ROCHESTER LABORERS' WELFARE FUND. | TAL SERVICES FOR |
| Trade Name, if any: | | American confidence |
| P.O. Box, Bldg., Room No., if any | | |
| Street 18 FOURTH ST | | n oon meeting |
| City ROCHESTER | | |
| State New York ZIP Code + 4 14609 | 11.b. Approximate dollar value of such dealing. | |
| | 12.a. Nature of interest held or income received. | Control of the contro |
| | 7/27/04 PROVISION OF DINNER FOR FILER AND BLITMAN & KING. | SPOUSE JOINT WITH |
| | 12.b. Amount. | \$75 |

| Name of Person Filing ROBERT BROWN | File Number U- |
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| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|---|---|--|
| Name RUNNYMEDE CAPITAL MANAGEMENT INC | a. Labor Organization | |
| Trade Name, if any: | b. Trust | |
| P.O. Box, Bldg., Room No., if any | (2,3) | |
| Street 5 WILD HILL RD S | c. Employer | |
| City MENDHAM Control of the control | | |
| State New Jersey ZIP Code + 4 07945 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | ome i visio i visio e i visio e grannagen 200 e gazanaga naganenaga kenga. |
| Name ROCHESTER LABORERS' WELFARE FUND | RUNNYMEDE CAPITAL MANAGEMENT INC I INVESTMENT SERVICES FOR ROCHESTER | |
| Trade Name, if any: | FUND. | |
| P.O. Box, Bldg., Room No., if any | | |
| Street 18 FOURTH ST | | |
| City ROCHESTER | | |
| State New York ZIP Code + 4 14609 | 11.b. Approximate dollar value of such dealing. | |
| | 12.a. Nature of interest held or income received. | enter i det ette til till ett ette til et e e ette vid tillenn e utne llt dennemme i sense næmse se ette eg e |
| | 7/25/04 PROVISION OF DINNER FOR FILER AND | CDOUCE |
| | FROVISION OF DINNER FOR FIBER AND | arouse. |
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| | 12.b. Amount. | \$150 |

ATTACHMENT TO FORM LM-30

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.